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| Name of Limi | | |
| | ited Liability Company | |
| Amendment and fects) are sub- | mitted for filing | |
| | - | |
| Carla Venard | | |
| | Name of Person | |
| Law Office of Clark A. Stil | llwell | |
| | Firm/Company | |
| PO Box 250 | | |
| | Address | |
| Inverness, Florida 34451 | | |
| · | City/State and Zip Code | |
| caslaw@tampabay.rr.com | o be used for future annual report notifi | ication |
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| ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed |
| | Street Address: | |
| | Carla Venard Law Office of Clark A. Sti PO Box 250 Inverness, Florida 34451 caslaw@tampabay.rr.com E-mail address: (i) oncerning this matter, please ca | Name of Person Law Office of Clark A. Stillwell Firm/Company PO Box 250 Address Inverness, Florida 34451 City/State and Zip Code caslaw@tampabay.rr.com E-mail address: (to be used for future annual report notification oncerning this matter, please call: at (|

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2.10 AL : 14 PH 4: 52

Seagrass Resort, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{8/29/2011}{2}$ and assigned Florida document number $\frac{L11000099374}{L11000099374}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| ANIBR = Authorized Member | | | |
|---------------------------|---|--------------------------|------------------------|
| <u>Title</u> | <u>Name</u> | Address | Carly Pitype of Action |
| MGRM | Basil Green | 15 Cypress Blvd., West | □Add |
| | | Homosassa, Florida 34446 | ■Remove |
| | | | □Change |
| MGRM | Basil Green, Trustee of | 15 Cypress Blvd., West | ≘ Add |
| | the Basil Green Living Trust Dated January 24, 2008 | Homosassa, Florida 34446 | □Remove |
| | | <u> </u> | Change |
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| ffective date, if of an effective date is lis <u>lote:</u> If the date ins ocument's effective | erted in this block | does not mo | et the applic | able statutor | g or more than 9 y filing require | (option 00 days after fi ements, this c | iai) ling.) P late wi | ursuant to ill not be | 605.0207 listed as |
| record specifies a d l is filed. | elayed effective d | ate, but not a | n effective t | ime, at 12:01 | a.m. on the ea | arlier of: (b) | The ' | 90th day | after the |
| August | (() | <u>/3</u> . | 2020 | | | | | | |
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